

**State of Missouri**  
**Office of Administration**  
**State Fleet Management**  
*Reportable Commuting Authorization Request Form*

**INSTRUCTIONS**

Agencies are required to submit this form to the State Fleet Manager for all reportable commuting assignments as defined by Section II.E.3 of the State Vehicle Policy. The department director or agency head's signature is required. Submit completed forms to: State Fleet Manager, Room 760, Harry S. Truman State Office Building, Jefferson City, MO

<b>A: EMPLOYEE INFORMATION</b>	
___ Add    ___ Change	
Department/Agency	
Employee Name	
Division or Program Name	
Employee Position/Job Title	
Vehicle Year / Make / Model	
License Number	
VIN	
Official Work Station (City/Town)	
Employee Residence (City/Town)	
Projected Annual Business Miles	
Projected Annual Commute Miles	
<b>B: Please describe the compelling benefit to the state justifying this commuting assignment in the space provided. (Attach additional pages if necessary.)</b>	
<b>C: APPROVAL</b>	
Department Director/Agency Head: _____ Date: _____ State Fleet Manager: _____ Date: _____	